

COMMERCIAL INTERIOR FIT UP/ADDITION APPLICATION

In accordance with Chapter 5 of the City Code

**Maryland State Law requires that commercial building contractors
provide a copy of their current state license with this application.**

Application No.	_____
Date	_____
Approvals:	
Code	_____ Date _____
Zoning	_____ Date _____
Fees:	
Plan Review Fee	_____
Amount Due	_____

All information requested in this application must be answered completely.

1. SUBJECT PROPERTY

Street Address _____ Suite No. _____
Project Name _____ Floor Location _____

2. APPLICANT

Name _____ Title _____
Street Address _____ Telephone _____
City _____ State _____ Zip Code _____
After hours business contact (name) _____ Telephone _____

3. CONTRACTORS/ARCHITECT/ENGINEER

General Contractor's Name _____ Maryland License No. _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone _____

Electrical Contractor's Name _____ City License No. _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone _____

Architect's Name _____ Maryland Registration No. _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone _____

Structural Engineer (additions only)

Name _____ Maryland Registration No. _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone _____

4. PROPERTY OWNER

Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephones: Work _____ Home _____

5. BUSINESS OWNER/OCCUPANT

PROJECT

Business Name (T/A) _____ Manager _____
Business Owner's Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone(s): Work _____ Home _____

6. PERMIT TYPE (check one only)

☐ INTERIOR FIT UP ☐ ADDITION ☐ ADDITION AND FIT UP

7. USE GROUP

Using the IBC Code: _____ List type of construction: _____
Use group: _____

8. WORK DESCRIPTION

9. PROJECT DETAIL INFORMATION

Will space be occupied during construction? ☐ Yes ☐ No
Include request for occupancy? ☐ Yes ☐ No
Is this building public-owned? ☐ Yes ☐ No
Number of buildings/structures on this permit: _____ Number of units: _____
How many stories above grade: _____ How many stories below grade: _____
Total number of stories: _____ Building height (ft.): _____
IMPROVEMENT COST (do not leave blank) \$ _____
Is the building sprinkled? ☐ Yes ☐ No ☐ Partial
TOTAL TENANT SPACE _____ SQ. FT.
FIT UP/ALTERATION (work area only) _____ SQ. FT.
ADDITION AREA _____ SQ. FT.
TOTAL WORK AREA _____ SQ. FT.

NOTE: This permit will include the following: *Life Safety* review, *Electrical* review, *Mechanical* review, and fees for the *Final Use and Occupancy* inspection prior to using or occupying the structure.

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name (*please print*) _____
Applicant's Signature _____ Date _____
Daytime Telephone _____